



LOURDES A. LEON GUERRERO
GOVERNOR (MAGA'HAGA)

JOSHUA F. TENORIO
LIEUTENANT GOVERNOR
(SIGUNDO MAGA'HAGA)

DEPARTMENT OF ADMINISTRATION

GENERAL SERVICES AGENCY

AHENSAN SETBISION HINIRAT
148 ROUTE 1 SOUTH MARINE CORPS DRIVE, PITI, GU 96915
TELEPHONE: (671) 475-1707/1708
FAX: (671) 472-4217/1727
EMAIL: GSAPROUREMENT@GSADOA.GUAM.GOV
WEBSITE: WWW.GSA.DOA.GUAM.GOV



EDWARD M. BIRN
DIRECTOR (DIREKTOT)

BERNADINE C. GINES
DEPUTY DIRECTOR
(SIGUNDO DIREKTOT)

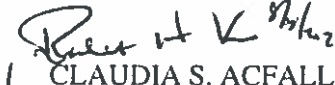
August 31, 2022

GSA-071-22 Mobil Lab Clinic

Department of Public Health & Social Services Amendment # 6

1. Amend page 33 of 34.
To be replaced with attached 33 of 34 "Revised 08/31/2022".

All others remain unchanged.


CLAUDIA S. ACFALLE
Chief Procurement Officer

Please Print
Acknowledgement Copy (Re-Fax to GSA)

Received By: _____

Date: _____

Company Name: _____

Fax to: 475-1727 or 472-4217

Email to: gsaprourement@gsadoa.guam.gov

ITEM NO.	DESCRIPTION	QTY.	UOM	UNIT PRICE	EXTENSION
1.1	Mobile/Lab Clinic	1	each	\$ _____	\$ _____

The Department of Public Health and Social Services with Guam COVID-19 Health Disparities soliciting from license vendor and qualified businesses for the procurement of a mobile/lab clinic to include the following:

SPECIFICATIONS:

ENGINE:

Minimum 240 Horsepower Gas Engine	_____
Automatic Transmission	_____
Minimum 160 amp alternator	_____
Air brakes	_____
Air Rear Suspension	_____
Minimum 50 gallon fuel tank	_____

BODY FEATURES:

37 Ft. maximum length Mobile in size	_____
Front bumper to rear bumper	_____
Cab with air conditioning unit	_____
Cab with color back-up camera and LCD monitor	_____
Insulated walls	_____
Finished walls and ceilings up to commercial Standards	_____
Non-slip flooring	_____
6,000 BTU heat strip	_____
50' shore power cord	_____
Cabinetry, countertop, drawers	_____
3 12K BTU air conditioning units	_____
Two-way exhaust fan	_____
Removable/Interchangeable vaccine refrigeration unit	_____
Interior LED lighting	_____
Minimum two (2) points of entry/exit, with minimum one (1) point of entry/exit with ADA approved wheelchair lift	_____
Two (2) exam rooms with one (1) medical exam table in each room	_____
Minimum one (1) blood draw chair	_____
Side power awning	_____
Restroom includes Mirror and paper towel holder	_____
Exterior outlets	_____
Fire Extinguisher, carbon monoxide, detector and safety triangles	_____
Built in storage for supplies	_____
Administrative/reception area	_____
Hot water tank installed	_____
Sinks with faucet installed for all exam room	_____
Full wrap artwork on Mobile	_____
Agency to communicate and provide design and Artwork to awarded bidder	_____
Vendor to print and install on mobile	_____
At least 15KW Power Backup Generator with Gas Fuel	_____
Minimum 3-year bumper-to-bumper warranty including 1 full set of replacement tires during the warranty period	_____

Revised 08/31/2022
Refer to Amendment #6